Request for Cancellation of Certificate

229019

File the original with:	279019
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 ~ 5100 FAX (803) 896-5199	Mall or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
Please consider this a request to cancel my:	Docket # 2009-57-T
Class C Taxi Certificate Class C Charter Certificate	Class A Restricted Certificate
Class C Charter Bus Certificate Non-Emergency Certificate	RECEIVED APR - 5 2011
Class E Household Goods Certificate	T, T, QRS/W
My Certificate Number is 6067 Wile Mobility LLC DBA (Name of Company)	
(Street Address)	(If applicable) (Mailing Address if different from Street Address)
Murreus Inlet & 29516 (City, State, Zip Code) 843-503-8663 (Telephone Number)	(City, State, Zip Code)
- Ou	(Signature) WER Puss. (Title) Owner, President, etc.

ORS Revised 2-18-10